

Form Filing Reference List

In an effort to expedite the approval of form filings, refer to the list below and the corresponding code cites to ensure that your filing complies in these areas. These are the most common areas of non-compliance found in form filings. Of course, the filing must ultimately comply the entire Montana insurance law in order to be approved.

Provide evidence of approval (or filing) by this Department for form(s) intended to be used with form(s) being filed. When making reference to previously approved forms, be sure to reference the number EXACTLY as it appears on the letter bearing the approval date.

All forms must have form number. Revisions to previously approved forms must have included in the form number a revision date (33-15-303, MCA.)

Discrimination/non-gender/unisex/marital status; (49-2-309, MCA.)

Flesch reading ease test certification (33-15-325, MCA.)

Identify the Administrator, if using one. (33-17-102, 602, and 603, MCA.)

Uniform Health Benefit Plan (33-22-245, MCA., 33-22-522, MCA.)

If filing a new form that will be used with another form approved prior to 1/2003, the previously approved form must be sent for review of compliance to current statute. If the previously approved form does not comply with current statute you will be given an opportunity to revise the form before approval is withdrawn. (33-1-502,(1) MCA.)

Coverage for newborn (33-22-301, 33-22-504, MCA.) Language must state that coverage is for EACH newborn of any insured/covered person; pre-ex and waiting periods do not apply to newborn coverage to.

Adopted child (33-22-130, MCA.) Coverage for adopted child(ren) must be from the time of placement; pre-ex and waiting periods do not apply to adopted child(ren).

Outline of coverage (33-22-244; 33-22-521, MCA.)

Pre-Existing Condition Limitation Disability Income, (33-22-110; Individual Disability, 33-22-246; Group Disability 33-22-514, MCA.)

Waiver of pre-existing condition exclusion – exclusion prohibited (33-22-242), MCA.

Crediting previous coverage (33-22-141, MCA.)

Notice of claim (33-22-208, MCA.)

Explanation of Charges, (usual, customary, reasonable), (33-15-308, MCA.) Define and disclose what method is used to determine UCR, include data base used and percentile, if there is one. If the insured is responsible for charges above UCR, prominently display a statement to that effect on the face page of the outline of coverage, and on the schedule page of the policy.

Illegal dealing in premium. (33-18-212, MCA.)

Subrogation (33-22-1601 and 1602, MCA.) The insured must be made whole before the company exercises right to subrogate.

PPO (33-22-1706, MCA.); Using an average claim, demonstrate compliance.

Premium increase restriction (33-22-107), MCA.

Conversion (33-22-508), MCA.

Continuity of coverage 33-22-306 thru 311, MCA.

Medical necessity, define and refer to Title 33, Chapter 32, MCA. Do you have a Utilization Review Plan filed with the Insurance Department? Who performs Utilization Review?